

## APPLICATION FOR AN INSURANCE LICENSE FOR A BUSINESS ENTITY

FORM L-176

*Rental car agent applicants must use Form L-RCA instead of Form L-176*

1. A business entity must formally establish itself as a business entity **BEFORE** submitting this application. Please see Paragraphs A7 through A8 of the instructions for details.
2. **CAREFULLY READ THE ENCLOSED "INSTRUCTIONS FOR FORM L-176."**
3. Complete **BOTH SIDES** of this form and fulfill all other requirements described in the attached instructions.
4. Send application and fee payment together with other required materials to the following address:  
INSURANCE LICENSING SECTION, 2910 N. 44th St. # 210, Phoenix, AZ 85018-7269

**SECTION I: BUSINESS INFORMATION**

Full Name of Applicant		FEIN (a.k.a. Federal Tax ID Number ##-####-####)	
Physical street address* of business (may not be P.O. box)		City	State Zip Code
Mailing address to appear on license (if blank, the physical address will appear)*		City	State Zip Code
Area Code/Telephone Number	* The <u>physical street address</u> may not be a post office box. The <u>mailing address</u> may be either a street address or a post office box.		
<b>OFFICE LOCATIONS:</b> Applicant must attach a <u>signed and dated</u> list of all office locations within Arizona and, <u>for each office location</u> , the name and Arizona insurance license number of each person who will transact insurance on behalf of the applicant.			

**SECTION II: LICENSE SELECTION**

Write an "X" to the left of the license authority for which you are applying:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Life Producer                                 | <input type="checkbox"/> Property Producer       | <input type="checkbox"/> Surplus Lines Broker                   | <input type="checkbox"/> Property & Casualty Managing General Agent      |
| <input type="checkbox"/> Accident and Health or Sickness Producer      | <input type="checkbox"/> Casualty Producer       | <input type="checkbox"/> Mexican Insurance Surplus Lines Broker | <input type="checkbox"/> Life Managing General Agent                     |
| <input type="checkbox"/> Variable Life and Variable Annuities Producer | <input type="checkbox"/> Personal Lines Producer | <input type="checkbox"/> Adjuster                               | <input type="checkbox"/> Accident/Health/Sickness Managing General Agent |
| <input type="checkbox"/> Credit Producer                               |  | <input type="checkbox"/> Title Agent                            | <input type="checkbox"/> Bail Bond Agent                                 |

**SECTION III: PRINCIPALS OF THE BUSINESS ENTITY**

List the names and titles of the entity's principals, including all owners with a 10% or greater share of voting rights excluding ownership in publicly traded securities; directors and officers if a corporation; partners if a partnership; members and managers if a limited liability company; trustees if a trust; and owners, stockholders and employees if for a bail bond agent license. Attach a signed and dated list if additional space is needed.

Name:	Title:
Name:	Title:
Name:	Title:

**SECTION IV: LICENSED REPRESENTATIVES OF APPLICANT**List the FULL names and Arizona insurance license numbers of all individuals who are to exercise the powers conferred by the license. **For title agent applicants, write "NOT APPLICABLE."** If additional space is required, attach a signed and dated list.

Name:	AZ License #:
Name:	AZ License #:
Name:	AZ License #:

**SECTION V: COMPLIANCE REPRESENTATIVES OF APPLICANT**Enter the FULL name and Arizona insurance license number of the individual who shall be responsible for the applicant's compliance with Arizona insurance laws.

Name:	AZ License #:
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**SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY**

License Type(s): _____	TF#: _____
License Number: _____	<input type="checkbox"/> 56 Quad Other (120)
Issue Date: ____/____/____	<input type="checkbox"/> 58 Quad SLB (1,200/1,000)
Expiration Date: ____/____/____	<input type="checkbox"/> 18 Pro SLB (500)
	<input type="checkbox"/> 66 Fingerprint (29 X _____)

CONTINUED ON THE FOLLOWING PAGE

L-176 (Eff. 07/2005)

## SECTION VI: ADDITIONAL INFORMATION

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony, misdemeanor or open-ended offense. A "NO" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or if licensee had its civil rights restored, had a plea withdrawn or if applicant has been given probation, a suspended sentence, was issued a fine, successfully completed a diversion program, etc. **If "YES" is answered, refer to Paragraph A.4 of the "Instructions for Form L-176."**

A. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license had any professional license, vocational license, business license or certification refused, denied, suspended, revoked or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license had any judgment, order or other determination issued or imposed in any criminal, civil, administrative or other judicial or quasi-judicial proceeding of any kind in any jurisdiction based on: 1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Committing any insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using fraudulent, coercive or dishonest practices in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Aiding or assisting any person in the unauthorized transaction of insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which provide requirements relating to premium finance transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For any other cause arising out of an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are any civil, administrative, other judicial or quasi-judicial proceedings of any kind, or any criminal proceedings in which an indictment, criminal complaint or information has been issued naming the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license, as defendant, currently pending in any jurisdiction based on: 1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Committing any insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using fraudulent, coercive or dishonest practices in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Aiding or assisting any person in the unauthorized transaction of insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which provide requirements relating to premium finance transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For any other cause arising out of an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. If the applicant is applying for a license as a bail bond agent, has the applicant or any individual designated in the application as a principal, including any employee of the applicant, been convicted of theft or of any crime involving carrying or the possession of a deadly weapon or dangerous instrument?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Is/was applicant ever licensed to transact insurance in this state or any other state? If "yes", list the states below	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION VII: OTHER INSURANCE LICENSES HELD

In the space provided below, list all other states in which the applicant currently holds or previously has held an insurance license and, for each license, the corresponding license number and license term. Attach a separate sheet if licensed in more than six states.

State	License Number	Date License Issued	License Expiration Date	State	License Number	Date License Issued	License Expiration Date
1.				2.			
3.				4.			
5.				6.			

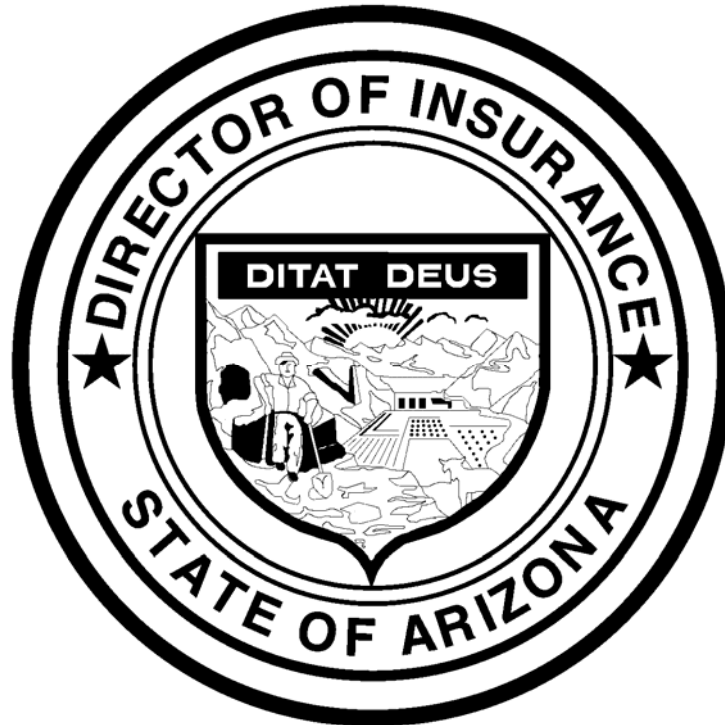
**AFFIDAVIT OF VERIFICATION** (must be completed and signed by two individuals listed in Section III of this application unless the applicant has only one such person, in which case, that person must complete and sign the following)

\_\_\_\_\_ (printed name) and \_\_\_\_\_ (printed name), hereby say: We are the authorized individuals who represent the applicant named hereon which is organized under the laws of the State of Arizona or possesses official authority to do business in Arizona. We have read the application and accompanying materials, and each statement, answer, attachment and enclosure provided in the application and accompanying materials are true, complete and correct. We acknowledge that if there exists any fraud or misrepresentation in attempting to obtain any insurance license in this State, the Director of Insurance may refuse to accept any application for a license. We understand that pursuant to A.R.S. § 20-304, application for and acceptance of a non-resident license constitutes an irrevocable appointment of the Director of insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license. Process service on the director on behalf of a non-resident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.

By: \_\_\_\_\_ And By: \_\_\_\_\_  
Signature of Authorized Representative Official Title Signature of Authorized Representative Official Title

# INSTRUCTIONS FOR FORM L-176

## *Application for an Insurance License for a Business Entity*



***For applications received by the Department of Insurance  
between July 1, 2005, and June 30, 2006***

- ☐ **Carefully read through the instructions.** The instructions describe additional forms or documents that may need to be submitted with your license application. If your license application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.
- ☐ **Carefully review the application before submitting it.** If you have a question about application forms or instructions, contact the Insurance Licensing Section:
  - Website: [www.id.state.az.us](http://www.id.state.az.us)
  - E-mail: [Licensing@id.state.az.us](mailto:Licensing@id.state.az.us)
  - Fax: 602.912.8473
  - Phone: 602.912.8470, or 877.660.0964 if calling long-distance within Arizona.
- ☐ **Retain these instructions for your records.** Do not submit this booklet with your license application.
- ☐ **Send your application materials and fees to:**

**INSURANCE LICENSING SECTION, 2910 N 44<sup>TH</sup> ST # 210, PHOENIX, ARIZONA 85018-7269**

**INSTRUCTIONS FOR FORM L-176 (effective 07/2005)**

**A1. Clearly print in ink or type all information except signatures, which must be signed in ink.**

**A2. Office Locations (SECTION I).** If the applicant has any office locations within Arizona, the applicant is required to provide a signed and dated list that identifies, for each location,

- the street address of the location;
- the full name and Arizona insurance license number of each insurance professional who will engage in insurance business at the location. Surplus lines broker applicants should consult Paragraph B4 of these instructions.

**A3. Fees.** You are required to pay a NON-REFUNDABLE fee [A.R.S. § 20-167(G)] made payable to **INSURANCE LICENSING SECTION** with your license application. The following fees shall be in effect between July 1, 2005, and June 30, 2006

- Surplus Lines
  - \$500.00 to add the authority to an existing Arizona insurance producer license that has a remaining term of two years or less; or
  - \$1,000.00 to add the authority to an Arizona insurance producer license that has more than two years remaining on its term, or as part of a newly issued Arizona insurance license.
  - Surplus Lines Broker authority and Mexican Insurance Surplus Lines Broker authority expire on the same date as other authority on an Arizona insurance producer license.
- \$120.00 for one or more other lines of authority.
- If the business entity is applying as an Arizona resident, \$29.00 (subject to change) for each fingerprint card (see Paragraph A5 for details) to pay for processing by the Federal Bureau of Investigations.

**A4. If you answered "YES" to one or more of questions 'A' through 'F' in Section VI,** you are required to submit

- a) a SIGNED and NOTARIZED statement describing **in detail** all incidents including (1) names of all parties involved, (2) dates and locations, (3) the names and localities of any courts and/or administrative agencies involved, (4) the disposition of each matter, (5) whether the conviction, plea or finding was for a felony, misdemeanor or open-ended charge; **AND**
- b) copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information that relates to each matter. If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

**A5. Fingerprint requirements.** In Section III of the application, you listed the principals of your organization. If the applicant is organized in Arizona or in a state that does not issue insurance licenses to business entities, you must submit fingerprints applied to a blue-outlined fingerprint card (Form FD-258) for each person listed in Section III of the application. You must increase your fee payment by the \$29.00 FBI fingerprint-processing fee for each fingerprint card submitted.

**A6. Assumed name (or Trade Name or DBA).** If the license is to be issued in a "trade name," the name must be lawfully registered with the Arizona Secretary of State [at (602) 542-6187]. A.R.S. § 20-297. The applicant must provide to the Department a Certificate of Assumed Business Name, Form L-193. Even if the assumed name is acceptable to the Secretary of State's Office, it may not be acceptable to the Insurance Department if a similar name is being used or if the name is misleading or deceptive.

**A7. IF APPLICANT IS ORGANIZED WITHIN ARIZONA OR IN A STATE THAT DOES NOT ISSUE INSURANCE LICENSES TO BUSINESS ENTITIES:**

a) **Corporation and limited liability company** applicant must:

- i) Submit with the application a copy of the **articles of incorporation** or **articles of organization** which were stamped as "filed" with the Arizona Corporation Commission or, if organized outside Arizona, stamped as "filed" by the official office in which incorporation was effected.
- ii) The business to be transacted subject to issuance of the license must be within the scope of the articles.

- iii) If organized outside Arizona, obtain from the Arizona Corporation Commission [at (602) 542-3135] an **"Application for Authority to Transact Business in Arizona."** After receiving approval from the Corporation Commission, submit with the license application a copy of the filed and numbered approval.

### INSTRUCTIONS (CONTINUED)

- iv) If organized in Arizona or holding foreign authority for more than one year when the application is filed, attach a copy of the latest filed **"Certificate of Disclosure"** or an original **"Certificate of Good Standing"** from the Arizona Corporation Commission as evidence that the applicant is in good standing.
- b) **General partnership** applicant must submit with the application a copy of the written **partnership agreement** which has been stamped as "recorded" in the office of an Arizona county recorder, or if organized outside Arizona, stamped as "recorded" with the official office in which the partnership was recorded. The business to be transacted subject to issuance of the license must be within the scope of the partnership agreement.
- c) **Limited partnership** (residents and non-residents) applicant must submit with the application a copy of the **certificate of registration** from the Arizona Secretary of State [(602) 542-6187].
- d) **Business trust** applicant must include a copy of the filed and recorded trust agreement.

### A8. IF APPLICANT ALREADY HOLDS AN INSURANCE LICENSE IN ANOTHER STATE:

- a) The Arizona Department of Insurance will check the National Insurance Producer Registry ("NIPR") or other state insurance department web sites to determine whether the applicant is licensed in good standing in its home state.
- b) Although the information described in Paragraph A7 is not required to be provided by non-resident applicants to qualify for an insurance license, a non-resident corporation or limited liability company must still obtain authority from the Corporation Commission and a limited partnership must obtain a certificate of registration from the Secretary of State. Other requirements for operating a business in Arizona may apply.

### ADDITIONAL REQUIREMENTS FOR SPECIFIC LICENSE TYPES

**NOTE: The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. 1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions.**

**B1. Non-resident adjuster** applicants must complete **Form ADJ.ADDENDUM**.

**B2 Bail bond agent.**

- a) The applicant must submit and maintain throughout the term of the license a \$10,000 surety bond using **Form L-195**.
- b) A bail bond agent may not employ or assist in the employment of any person who has been convicted in any jurisdiction of theft or of any felony or any crime involving carrying or the possession of a deadly weapon or dangerous instrument. A.R.S. § 20-341.03(A)(9).
- c) After becoming licensed, all bail bond agents must satisfy continuing education requirements. Bail bond continuing education courses are not widely available; therefore, licensees should complete continuing education requirements as early as possible to ensure compliance upon applying for license renewal.

**B3. Managing general agent** applicant must have **Form L-107** completed by an authorized official of the insurance company with which applicant has a contract. Applicant must also submit and maintain throughout the term of the license a deposit consisting of one or more of the following which total 10% of the total money estimated to be handled by the MGA during the calendar year but which in no case shall be less than \$50,000 or greater than \$100,000:

- a) a surety bond executed using **Form L-106**,

- b) cash, a certificate of deposit, or securities eligible for investment pursuant to Title 20, Chapter 3, Articles 1 and 2.

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### INSTRUCTIONS (CONTINUED)

- B4. Surplus lines broker examination requirements for residents** To transact insurance in this state, each individual and each business entity must each possess a surplus lines broker license issued by the Arizona Department of Insurance. A.R.S. § 20-411(A).

An *additional* requirement applies to an Arizona-resident business entity. In addition to the requirement to possess a surplus lines broker's license the business entity shall have, in each of its offices where the entity transacts surplus lines insurance in this state, at least one individual who is licensed by the Arizona Department of Insurance as an insurance producer authorized for property or casualty insurance who has passed the surplus lines broker examination. A.R.S. §§ 20-411(E). Such individual may not participate in the procurement of surplus lines insurance (without the SLB license) but may help determine whether coverage is available from an insurers possessing a certificate of authority to transact property and casualty insurance in Arizona. Arizona-resident business entities must, on the list of office locations provided in response to SECTION I, identify the individual(s) within each office who are surplus lines brokers or licensed insurance producers that have passed the Arizona surplus lines broker examination.

- B5. Title agent** applicant (which may only be a domestic or foreign stock corporation) must submit a **letter of authorization** from the Arizona-admitted title insurance company that the applicant will represent subject to being issued a license.

THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY  
THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990.

PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-912-8456.  
REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.

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